

# 2011 Health Benefit Summary

Helping you make an informed choice  
about your health plan



## About This Publication

The **2011 Health Benefit Summary** provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing the key differences between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO).

You can use this information to determine which health plans offer the services you need at costs that work for you. The 2011 health

plan premiums are available at CalPERS On-Line at **[www.calpers.ca.gov](http://www.calpers.ca.gov)**. Check with your employer to find out how much they contribute toward your premium. This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **Health Program Guide**  
Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **CalPERS Medicare Enrollment Guide**  
Provides information about how Medicare works with your CalPERS health benefits

**You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS at 888 CalPERS (or 888-225-7377).**

**As federal regulations related to the various elements of Health Care Reform are released, CalPERS may need to modify benefits. For up-to-date information about your CalPERS health benefits and Health Care Reform, please refer to the National Health Care Reform link on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).**

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## CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

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## Evidence of Coverage Booklets

The **2011 Health Benefit Summary** provides only a general overview of benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided. (Note: Some health plans require binding arbitration to resolve disputes. Please refer to the plan's 2011 EOC for more information.)

This publication is to be used only in conjunction with the current year's rate schedule and EOCs. To obtain a copy of the rate schedule for any health plan, please go to CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at **888 CalPERS** (or 888-225-7377).

# Considering Your Health Plan Choices

Selecting a health plan for yourself and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals. You may also want to consider how other CalPERS members rate the health plans.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences between HMO and PPO plans.
- What are the costs (premiums, co-payments, deductibles, and out-of-pocket costs)? Beginning on page 14 of this booklet, you will find information about benefits, co-payments, and covered services. Visit CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov) to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the “Health Plan Directory” on page 12 of this booklet for health plan contact information.

## Understanding How HMO and PPO Plans Work

The following chart will help you understand some important differences between HMO and PPO health plans.

Features	HMO	PPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers
Selecting a primary care physician (PCP)	Requires you to select a PCP who will work with you to manage your health care needs <sup>1</sup>	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network  Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your deductibles and co-payments are counted toward your calendar year out-of-pocket maximums <sup>2</sup>  Allows you the option of seeing nonpreferred providers, but requires you to pay a higher percentage of the bill <sup>3</sup>
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services  Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider

<sup>1</sup>Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

<sup>2</sup>Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services.

<sup>3</sup>Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or co-payments, plus any amount in excess of the allowed amount.

## CalPERS HMO and PPO Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare HMO Health Plans	Supplement to Medicare PPO Health Plans	HMO Medicare Managed Care Plans (Medicare Advantage)	Out-of-State Plan Choices
Blue Shield of California (Blue Shield) Access+	PERS Select	Blue Shield Access+	PERS Select	Kaiser Permanente Senior Advantage	PERS Choice (PPO)
Blue Shield NetValue	PERS Choice	Blue Shield NetValue	PERS Choice	Blue Shield 65 Plus <sup>3</sup>	PERSCare (PPO)
Kaiser Permanente <sup>1</sup>	PERSCare	CCPOA Medical Plan <sup>2</sup>	PERSCare		Kaiser Permanente (HMO) <sup>1, 4</sup>
California Correctional Peace Officers Association (CCPOA) Medical Plan <sup>2</sup>	California Association of Highway Patrolmen (CAHP) Health Plan <sup>2</sup>		CAHP Health Plan <sup>2</sup>		PORAC Police and Fire Health Plan (PPO) <sup>2</sup>
	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan <sup>2</sup>		PORAC Police and Fire Health Plan <sup>2</sup>		

Note: CalPERS also offers both Basic and Medicare enrollees in Colusa, Mendocino, and Sierra counties the choice of selecting the Blue Shield Exclusive Provider Organization (EPO) Health Plan. See the current **Health Program Guide** for more information about EPOs as well as detailed health plan eligibility and enrollment guidelines.

<sup>1</sup> Kaiser Permanente requires binding arbitration.

<sup>2</sup> You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).

<sup>3</sup> This is the Medicare Advantage plan for Blue Shield NetValue and Access+.

<sup>4</sup> Kaiser Permanente (HMO) is available in parts of the following states: CO, GA, HI, MD, OH, OR, VA, WA, and Washington, D.C. Costs and some benefits may vary outside of California.

### Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 12 for the phone number and website of each plan.

## Choosing Your Doctor and Hospital

Once you choose a health plan, you should find a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply pick a physician from their health plan who happens to be nearby. Once you choose a doctor, call the doctor's office and ask if he or she affiliates with the plan you are selecting and the hospital you prefer to use. You can also use the *Health Plan Chooser* tool

(described on pages 8–9), which is available on the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) to find out which plans include your doctor. Either way, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See the chart on page 13 for a list of resources that can help you evaluate and select a doctor and hospital.

## Enrolling in a Health Plan Using Your Residential or Work ZIP Code

Some of our health plans are only available in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides service where you reside or work, see the "Health Plan Availability by County" chart on the following page. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 12.



## Health Plan Availability by County

Some health plans are only available in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides service where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and

that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERScare	PORAC
Alameda	●			●	●	●	●		●	●
Alpine				●			●	●	●	●
Amador				●		●	●	●	●	●
Butte	●			●	●		●	●	●	●
Calaveras				●			●	●	●	●
Colusa	▲			●			●	●	●	●
Contra Costa	●			●	●	●	●	●	●	●
Del Norte				●			●	●	●	●
El Dorado	●	●		●	●	●	●	●	●	●
Fresno	●	●	●	●	●	●	●	●	●	●
Glenn	●			●	●		●	●	●	●
Humboldt	●			●			●	●	●	●
Imperial	●	●		●	●		●	●	●	●
Inyo				●			●	●	●	●
Kern	●	●	●	●	●	●	●	●	●	●
Kings	●	●		●	●	●	●	●	●	●
Lake				●			●	●	●	●
Lassen				●			●	●	●	●
Los Angeles	●	●	●	●	●	●	●	●	●	●
Madera	●	●	●	●	●	●	●	●	●	●
Marin	●			●	●	●	●		●	●
Mariposa	●			●	●	●	●	●	●	●
Mendocino	▲			●			●	●	●	●
Merced	●			●	●		●	●	●	●
Modoc				●			●	●	●	●
Mono				●			●	●	●	●
Monterey				●			●	●	●	●
Napa				●		●	●	●	●	●
Nevada	●	●		●	●		●	●	●	●
Orange	●	●	●	●	●	●	●	●	●	●



## Chart Legend

- Health plan covers all or part of county.
- ▲ The Blue Shield EPO plan serves Colusa, Mendocino, and Sierra counties only. The EPO plan offers the same covered services as the Access+ HMO plan, but members must seek services from Blue Shield's network of preferred providers. Members are not required to select a personal physician.

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Placer	●	●		●	●	●	●		●	●
Plumas				●			●	●	●	●
Riverside	●	●	●	●	●	●	●	●	●	●
Sacramento	●	●		●	●	●	●	●	●	●
San Benito				●			●	●	●	●
San Bernardino	●	●	●	●	●	●	●	●	●	●
San Diego	●	●		●	●	●	●	●	●	●
San Francisco	●	●		●	●	●	●	●	●	●
San Joaquin	●	●		●	●	●	●	●	●	●
San Luis Obispo	●	●	●	●	●		●	●	●	●
San Mateo	●	●		●	●	●	●	●	●	●
Santa Barbara	●	●		●	●		●	●	●	●
Santa Clara	●	●		●	●	●	●	●	●	●
Santa Cruz	●	●		●	●		●	●	●	●
Shasta				●			●	●	●	●
Sierra	▲			●			●	●	●	●
Siskiyou				●			●	●	●	●
Solano	●			●	●	●	●		●	●
Sonoma	●			●	●	●	●	●	●	●
Stanislaus	●			●	●	●	●	●	●	●
Sutter				●		●	●	●	●	●
Tehama				●			●	●	●	●
Trinity				●			●	●	●	●
Tulare	●			●	●	●	●	●	●	●
Tuolumne				●			●	●	●	●
Ventura	●	●	●	●	●	●	●	●	●	●
Yolo	●	●		●	●	●	●	●	●	●
Yuba				●		●	●	●	●	●
Out-of-State						●	●		●	●

# Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using my|CalPERS, the *Health Plan Chooser*, and the *Health Plan Choice Worksheet*,

as well as information about health plan ratings based on our annual member survey. The section also includes a tip about how you can save money by selecting a high-performance network.

## Accessing Health Plan Information with my|CalPERS

You can use my|CalPERS, our secure, personalized website, to get one-stop access to all your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your

area, access CalPERS Health Program forms, order Health Program publications, and find additional information about CalPERS health plans. During Open Enrollment, retirees can use my|CalPERS — available at <http://my.calpers.ca.gov> — to change their health plan.

## Comparing Your Options: Health Plan Chooser

The *Health Plan Chooser* is an online tool that provides a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use tool, you can weigh plan benefits and costs, search for specific doctors, and view overall plan satisfaction ratings.

The Chooser is available to help you make health plan decisions at any time. You can use it if:

- You want to find a new health plan during Open Enrollment.
- You want to change your primary care doctor or find a new specialist.
- You are a new employee and want to evaluate your health plan options.
- Your employer just began offering the CalPERS Health Benefits Program, and you need to choose a plan.
- Your marital status or enrollment area has changed.

- You are planning for retirement and want to explore your health plan options.
- You become eligible for Medicare.

The Chooser takes you through five steps that provide you with key information about each health plan. At each step, you can rate the plans. When you finish, the Chooser gives you a Results Summary chart highlighting the plan(s) you rated as the best fit in each category. This chart allows you to easily determine which plan meets your needs.

The *Health Plan Chooser* provides customized help in selecting the health plan that is right for you and your family. You can find the *Health Plan Chooser* by visiting CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).

## How to Use the Health Plan Chooser



### Step 1. Estimate Your Costs

Your out-of-pocket costs will differ from plan to plan depending on several factors, including how much your employer contributes toward your premium, how often you go to the doctor, and how many prescriptions you fill each year. A chronic illness (e.g., heart disease, asthma, diabetes) can also affect your out-of-pocket costs. When you enter specific information about these variables into the Chooser, you will receive an estimate of how much your out-of-pocket costs will be each year. (Remember that any dollar amounts indicated on the Chooser are estimates only.)



### Step 2. Find a Doctor

Unless you moved recently, you probably already have a primary care doctor. You can use the health plan links on the Chooser to see if your doctor is in the health plan you are considering. If your doctor is not in the plan you are considering or if you would like to change doctors, you can search for physicians in your area by name or by specialty.



### Step 3. Review Member Ratings of Health Plans

The Chooser allows you to compare member ratings for the health plans. The member ratings indicate how other CalPERS members rate the plans. You can consider overall ratings as well as ratings in key areas, such as personal doctors, specialists, getting needed care, getting prescriptions easily, customer service, and accessing a plan's website.



### Step 4. Evaluate Plan Features

On the surface, you may think that all health plans are pretty much the same — but if you look more closely, you will find differences in several areas. The Chooser helps you identify the differences by allowing you to evaluate features in three categories:

- Help to Stay Healthy
- Medical Conditions
- How to Save Money

For example, if you smoke and would like to quit, you can find out what type of “stop smoking” program each plan offers. If your child has asthma, you can find out about asthma management programs. If you fill multiple prescriptions each year, you can get helpful tips on how to save money on your medications.



### Step 5. Compare Plan Costs and Covered Services

This part of the Chooser provides a summary of your costs for doctor visits and hospital stays, deductibles (if applicable), and the yearly maximum for each plan. To see more detailed information about your cost for various services, select any of the plan names.

For more information about CalPERS health plans and access to the *Health Plan Chooser*, visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov). To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or **888-225-7377**).

## Comparing Your Options: Health Plan Choice Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet*, which you can find on page 41 of this booklet. Like the Chooser, this worksheet can be used to compare factors such as cost, availability, benefits, and member ratings. Simply follow the steps listed in the left column of

the Worksheet. Several questions can be answered with a simple “yes” or “no,” while others will require you to insert information or call the health plan. Some of the information can be found at CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov). If you need assistance completing the form, contact CalPERS at **888 CalPERS** (or **888-225-7377**).

## Saving Money by Selecting a High-Performance Network

We want to help you get the most for your health plan dollars. One way you may be able to save on your health premium is by enrolling in one of our “high-performance network” plans. These plans — Blue Shield NetValue (HMO) and PERS Select (PPO) — provide the same benefits and quality of care as Blue Shield Access+ HMO and PERS Choice, respectively. The difference is that you pay a lower premium in exchange

for choosing from a smaller selection of physicians and hospitals.

NetValue is available in 23 counties, and PERS Select is offered in 54 counties. If you don’t reside in one of these counties, but you work in one, you may be able to enroll in a lower cost health plan using your work ZIP Code (see the “Health Plan Availability by County” chart on pages 6–7).

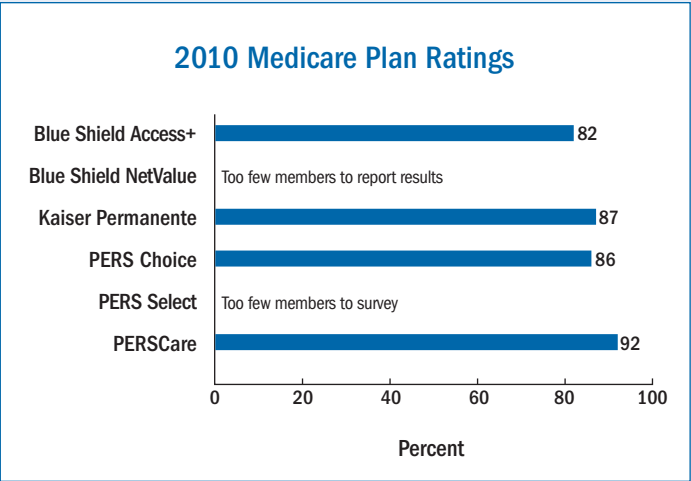
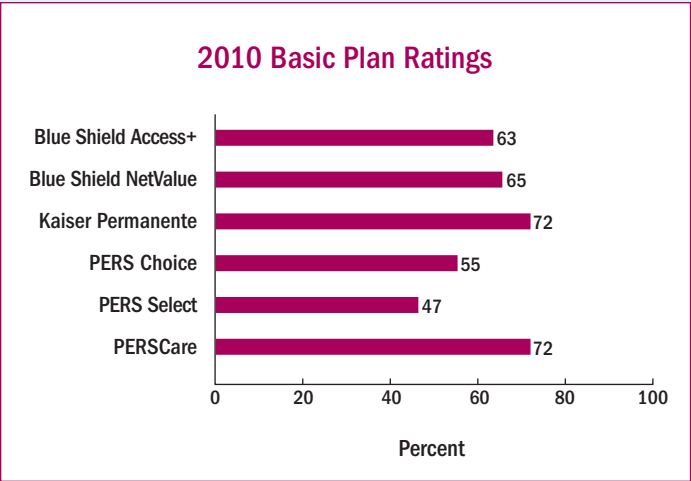
# Reviewing Annual Health Plan Ratings

Every year, CalPERS conducts a survey of 1,100 members in each Basic and Medicare health plan that has at least 2,000 members.<sup>1</sup> We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, which is a standard tool for measuring health plans.

Reviewing how other CalPERS members rate their health plan can help you choose a plan that is right

for you. Please note that your experiences may differ depending on your needs, expectations, and behavior, as well as your provider and treatment choices.

The following charts show the percentage of members in each plan who rated their health plan an 8–10 on a 10-point scale. The margin of error for the Basic plans is about 4.8 percent; for the Medicare plans, it is about 3.6 percent.



Note: Since Association plans (CCPOA, CAHP, and PORAC) are only available to members who belong to the applicable Association, we did not include ratings for these plans.

Additional 2010 member ratings are available on CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).

You can also find other important health plan rankings and health care tips on the Office of the Patient Advocate website at [www.opa.ca.gov](http://www.opa.ca.gov).

<sup>1</sup>This year, Blue Shield NetValue and PERS Select did not have enough Medicare members to survey and report results. For the smaller plans, the number of members surveyed represents a larger percentage of the total covered lives in those plans, resulting in a higher ratio of survey respondents to adult members served.

# Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

## Health Plan Directory

Following is contact information for the health plans. Call your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

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### Blue Shield of California

P.O. Box 272520, Chico, CA 95927-2520  
Member Services: (800) 334-5847  
[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

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### California Association of Highway Patrolmen (CAHP) Health Benefits Trust

(Administered by Anthem Blue Cross)  
2030 V Street, Sacramento, CA 95818-1730  
**For eligibility issues contact:**  
(800) 734-2247 or (916) 452-6751 (CAHP)  
[www.thecahp.org](http://www.thecahp.org)  
**For benefits or claim information, contact:**  
Anthem Blue Cross, Attn: CAHP Unit  
P.O. Box 60007, Los Angeles, CA 90060-0007  
(800) 759-5758 (Anthem Blue Cross)  
[www.anthem.com/ca](http://www.anthem.com/ca)

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### California Correctional Peace Officers Association (CCPOA) Benefit Trust

(Administered by Blue Shield of California)  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

#### CCPOA Benefit Trust:

(800) 468-6486  
(800) 257-6213 (COBRA)  
[www.ccpoabtbf.org](http://www.ccpoabtbf.org)

#### Blue Shield – CCPOA Member Services Unit:

(800) 257-6213

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### Kaiser Permanente

393 E. Walnut Street, Pasadena, CA 91188  
Member Services Call Center: (800) 464-4000  
[www.kp.org/calpers](http://www.kp.org/calpers)

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### PERS Select, PERS Choice, and PERSCare

(Administered by Anthem Blue Cross)

#### Medical Benefits:

P.O. Box 60007, Los Angeles, CA 90060-0007  
(877) PERS PPO or (877) 737-7776  
(818) 234-5141 (outside of the continental U.S.)  
TDD (818) 234-3547

#### For direct premium payments:

P.O. Box 629, Woodland Hills, CA 91365-0629  
[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

#### Pharmacy Benefits:

(Administered by Medco)  
(800) 939-7091  
TDD (800) 759-1089  
[www.medco.com/calpers](http://www.medco.com/calpers)

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### Peace Officers Research Association of California (PORAC) Health Plan (Administered by Anthem Blue Cross)

#### For eligibility issues, contact:

4010 Truxel Road, Sacramento, CA 95834  
(800) 937-6722 (PORAC)  
[www.porac.org](http://www.porac.org)

#### For benefits or claim information, contact:

Anthem Blue Cross, Attn: PORAC Unit  
P.O. Box 60007, Los Angeles, CA 90060-0007  
(800) 288-6928  
[www.anthem.com/ca](http://www.anthem.com/ca)

## Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Source	Website	Description
<b>Hospitals</b>		
<b>CalHospitalCompare</b>	<a href="http://www.CalHospitalCompare.org">www.CalHospitalCompare.org</a>	CalHospitalCompare is a standardized, universal performance report card for California hospitals that includes patient experience and clinical quality measures.
<b>U.S. Department of Health and Human Services</b>	<a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a>	This site provides publicly reported hospital quality information, including measures on heart attacks, pneumonia, heart failure, and surgery.
<b>HealthGrades</b>	<a href="http://www.healthgrades.com">www.healthgrades.com</a>	HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures.
<b>The Leapfrog Group</b>	<a href="http://www.leapfroggroup.org">www.leapfroggroup.org</a>	This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.
<b>Doctors and Medical Groups</b>		
<b>California Medical Board</b>	<a href="http://www.medbd.ca.gov">www.medbd.ca.gov</a>	This is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.
<b>Office of the Patient Advocate</b>	<a href="http://www.opa.ca.gov">www.opa.ca.gov</a>	This website includes a State of California-sponsored “Report Card” that contains additional clinical and member experience data on HMOs and medical groups in California.

### Benefit Comparison Charts

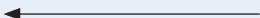
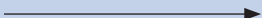
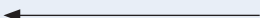

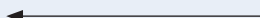






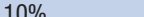
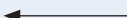

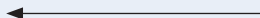

The benefit comparison charts on pages 14–39 summarize the benefit information for each health plan. For more details, see each plan’s *Evidence of Coverage* (EOC) booklet.



# CalPERS Basic Health Plans

## Benefit Comparison Charts

		HMO Basic Plans				
Benefits		Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Calendar Year Deductible						
Individual		←		N/A		→
Family						
Maximum Calendar Year Co-pay (excluding pharmacy)						
Individual		←	\$1,500 (see EOC for other items not counted toward co-pay max limit)			→
Family		\$3,000	\$3,000	\$3,000	\$3,000	\$4,500
		←	(see EOC for other items not counted toward co-pay max limit)			→
Lifetime Maximum Benefit						
		←		N/A		→
Hospital Admission Deductible						
Per Admission		←		N/A		→
Hospital						
Inpatient (medical & behavioral)		←	No Charge			\$100/admission
Outpatient Facility Services (medical & behavioral)	\$15		No Charge			
Outpatient Surgery	\$15	←	No Charge (exceptions may apply)		→	\$50
Emergency Room Deductible						
		←		N/A		→
Emergency Services						
Emergency		←	\$50 (co-pay waived if admitted as an inpatient or for observation as an outpatient)		→	\$75
Non-emergency						N/A
Ambulance Services						
		←		No Charge		→

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
		\$500 (not transferable between plans)				N/A		\$300	\$600
		\$1,000 (not transferable between plans)						\$900	\$1,800
\$3,000	N/A	\$3,000	N/A	\$2,000	N/A	\$2,000	N/A	\$3,000	
\$6,000		\$6,000		\$4,000		\$4,000		\$6,000	
				N/A					
N/A		N/A		\$250		N/A		N/A	
20–30% (depending on the hospital)	40%	20%	40%	10%	40%	10%	Varies (see EOC)	10%	10% <sup>3</sup>
							40%		
							40%		
 (applies to hospital emergency room charges only; deductible waived if admitted as an inpatient or for observation as an outpatient)		\$50				 N/A 			
 20% (applies to other services such as physician, x-ray, lab, etc.)		20%				\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	10%	
20%	40%	20%	40%	10%	40%		\$50 + 40% (co-pay reduced to \$25 if admitted on an inpatient basis)	50% (for non-emergency services provided by hospital emergency room)	
		(payment for physician charges only; emergency room facility charge for non-emergency services is not covered)							
				20%					

Note: All footnotes are located at the end of chart.

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
<b>Physician Services</b>					
Office Visits (medical & behavioral) <i>(more than one co-pay may apply during an office visit if multiple services are provided)</i>	←		\$15		→
Inpatient Hospital Visits (medical & behavioral)	←		No Charge		→
Outpatient Hospital Visits (medical & behavioral)	\$15 (outpatient surgery)	←	\$15		→
Urgent Care Visits	←	\$15			\$25
Periodic Health Exam/Preventive Care	←		No Charge		→
Annual Gynecological Exam	←		No Charge		→
Immunization/Inoculation	←		No Charge		→
Well Baby Care	←		No Charge		→
Pregnancy & Maternity Care <i>(includes pre-natal and post-natal care visits)</i>	←		No Charge		→

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
\$20 <sup>1</sup>	40%	\$20 <sup>2</sup>	40%	\$20 <sup>2</sup>	40%	\$15	40%	\$20 (deductible does not apply)	10% <sup>3</sup>
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>
\$20 <sup>1</sup>	40%	\$20 <sup>2</sup>	40%	\$20 <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>
\$20	40%	\$20	40%	\$20	40%	\$15	40%	10%	10% <sup>3</sup>
<b>No Charge<sup>1</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge</b> (\$400/year max)		<b>No Charge</b> (up to PPO and non-PPO combined max of \$500/year for age 7 and over)	<b>No Charge<sup>3</sup></b> (up to PPO and non-PPO combined max of \$500/year for age 7 and over)
<b>No Charge<sup>1</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	10%	40%	<b>No Charge</b> (up to PPO and non-PPO combined max \$500/year)	<b>No Charge<sup>3</sup></b> (up to PPO and non-PPO combined max \$500/year)
<b>No Charge<sup>1</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge</b> (\$400/year max)		<b>No Charge</b> (included in well baby/ well child)	
<b>No Charge<sup>1</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge<sup>2</sup></b> (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	<b>No Charge</b> (for children under age 7)		<b>No Charge</b> (up to PPO and non-PPO combined max \$500/year for age 7 and over)	<b>No Charge<sup>3</sup></b> (up to PPO and non-PPO combined max \$500/year for age 7 and over)
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physician Services (continued)					
Allergy Testing	\$15	No Charge			
Allergy Treatment	No Charge (for allergy injections)	No Charge			
Vision Exam/Screening	No Charge	No Charge (varies by plan for age 18 and over and may be limited to one visit/calendar year; no limit on number of visits for members under age 18)			\$15
Hearing Exam/Screening	No Charge				
Surgery/Anesthesia	No Charge for inpatient; \$15 for outpatient	No Charge			
Diagnostic X-Ray/Lab					
	No Charge (some procedures may require a co-pay)	No Charge			
Prescription Drugs					
Deductible		N/A			Brand Formulary: \$50 (not to exceed \$150/family/calendar year)
Retail Pharmacy	Generic: \$5 Brand: \$15 (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply) <sup>4</sup>			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$40 for medically approved and prior authorized non-formulary drugs			N/A

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>
← Not Covered →									
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10% (\$200 max/ 36 months)	40% (\$200 max/ 36 months)	20% (deductible does not apply; \$50/ exam max with hearing aid purchase)	20% <sup>3</sup> (deductible does not apply; \$50/ exam max with hearing aid purchase)
20% <sup>1</sup>	40%	20% <sup>2</sup>	40%	10% <sup>2</sup>	40%	10%	40%	10%	10% <sup>3</sup>
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% <sup>3</sup>
← N/A →									
Generic: \$5 Preferred: \$15 Non-Preferred: \$45 (not to exceed 30-day supply)		Generic: \$5 Preferred: \$15 Non-Preferred: \$45 (not to exceed 34-day supply)		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$25		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: Not Covered (see EOC)	
← \$40 →		N/A		N/A		N/A		N/A	

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Prescription Drugs (continued)					
Retail Pharmacy Maintenance Medications filled after 2 <sup>nd</sup> fill (i.e., a medication taken longer than 60 days)	N/A	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 30-day supply)			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$70 for medically approved and prior authorized non-formulary drugs			N/A
Mail Order Pharmacy Program	Generic: \$5 Brand: \$15 (up to 30-day supply)	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply for maintenance drugs)			Generic: \$20 Brand Formulary: \$50 Non-Formulary: \$100 (not to exceed 90-day supply)
	Generic: \$10 Brand: \$30 (31–100 day supply)				
Medical Necessity/Partial Waiver	N/A	\$70 for medically approved and prior authorized non-formulary drugs			N/A
Maximum co-payment per person per calendar year	N/A	\$1,000 (excluding non-preferred brands)			N/A
Durable Medical Equipment					
	No Charge				
Infertility Testing/Treatment					
	50% of covered charges (varies – see EOC for benefits and exclusions)				



PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 34-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		N/A			
← \$70 →				N/A		N/A			
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75 (see EOC for specialty pharmacy fees)		N/A	
← \$70 →				N/A		N/A			
← \$1,000 → (excludes non-preferred brands)				N/A		N/A			
20%	40%	20%	40%	10%	40%	10%	40%	20%	20% <sup>3</sup>
(\$6,000 calendar year max applies)				(pre-certification required for durable medical equipment priced at \$1,000 or more)					
← Not Covered →								50% (up to PPO and non-PPO combined lifetime max of \$5,000)	

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Substance Abuse Treatment					
Inpatient	←—————	No Charge —————→			\$100
Outpatient	\$15 individual therapy; \$5 group therapy	←—————	\$15 —————→		\$15
Home Health Services (prior authorization required; custodial care not covered)					
	←—————	No Charge —————→			\$15 (up to 100 visits/ calendar year)
Skilled Nursing Care					
Inpatient (hospital or skilled nursing facility)	No Charge (up to 100 days/ benefit period)	←—————	No Charge (up to 100 days/calendar year) —————→		No Charge (up to 100 days/ year)
Outpatient (office and home visits)	←—————	Not Covered (medically necessary services provided in licensed skilled nursing facility only; custodial care not covered)			—————→
Occupational Therapy					
Inpatient (hospital or skilled nursing facility)	←—————	No Charge —————→			
Outpatient (office and home visits)	←—————	\$15 —————→			No Charge

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% <sup>3</sup>
← 20%	40% (up to \$6,000/calendar year)	20%	→ 40%	10% (up to 100 visits/calendar year)	40%	10% (up to 90 visits/period of disability)	40%	10% (100 visits max/year; combined benefit for PPO/non-PPO)	
20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/ calendar year)	40% (pre-certification required; up to 100 days/ calendar year)	20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/ calendar year)	40% (pre-certification required; up to 100 days/ calendar year)	10% first 10 days; 20% next 170 days (pre-certification required; up to 180 days/ calendar year)	40% first 10 days; 40% next 170 days (pre-certification required; up to 180 days/ calendar year)	10% (up to 100 days of confinement)	40%	10% (up to 100 days/year combined PPO/non-PPO benefit for inpatient skilled nursing facility)	
←	Not Covered (medically necessary services received as inpatient in a skilled nursing facility only)			→		10% (up to 100 days of confinement; combined benefit for inpatient/outpatient)	40%	N/A	
← No Charge →								10%	10% <sup>3</sup> (up to \$700 total chiropractic, physical, and occupational combined)
← 20%	20%	20%	20%	20%	20%	10% (pre-certification required for more than 24 visits/year)	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy); 10% on all other charges	10% <sup>3</sup> (up to \$35/visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
← (combined benefit max of \$3,500/calendar year for physical/occupational therapy) →									

		HMO Basic Plans				
Benefits		Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA <i>Association Plan</i>
Physical Therapy						
Inpatient <i>(hospital or skilled nursing facility)</i>		No Charge				
Outpatient <i>(office and home visits)</i>		\$15				No Charge
Speech Therapy						
Inpatient <i>(hospital or skilled nursing facility)</i>		No Charge				
Outpatient <i>(office and home visits)</i>		\$15				No Charge
Hospice						
		No Charge				
Acupuncture						
		\$15 (when medically necessary; discounts available up to 25% off)	Not Covered (alternate care discounts of 25% or more)			

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
No Charge						10% (pre-certification required for more than 24 visits/year)	40%	10%	10% <sup>3</sup> (up to \$700 total chiropractic, physical, and occupational therapy combined)
20%	40%	20%	40%	10%	40%	10% (pre-certification required for more than 24 visits/year)	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy; more than one co-pay may apply during an office visit if multiple services are provided)	10% <sup>3</sup> (up to \$35/ visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
(combined benefit max of \$3,500/calendar year for physical/occupational therapy)									
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% <sup>3</sup>
(\$5,000 lifetime max for outpatient benefits)						10%	40%	10%	10% <sup>3</sup>
						10%	40%	10%	10% <sup>3</sup>
20%		20%		10%		No Charge (\$7,500 lifetime max)		10%	
(\$10,000 lifetime max)									
20%	40%	20%	40%	10%	40%	10%	40%	\$20 (10% for all other services)	10% <sup>3</sup>
(combined benefit for acupuncture/ chiropractic; 15 visits/calendar year)				(combined benefit for acupuncture/chiropractic; 20 visits/calendar year)		(20 visits/year for any combination of chiropractic or acupuncture services)			

	HMO Basic Plans				
Benefits	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Chiropractic	Not Covered (discounts available up to 25% off)	(alternate care discounts of 25% or more)			\$15 for exam (up to 20 visits/ calendar year) <b>No Charge</b> for diagnostic services; <b>No Charge</b> for chiropractic appliances (up to \$50 max is covered during calendar year)
Biofeedback	\$15	Not Covered			\$15
Blood & Blood Products	No Charge				Included with inpatient hospitalization
Hearing Aid Services					
Audiological Exam	No Charge				\$15
Hearing Aids	\$1,000 allowance every 36 months for both ears				\$500 max/ member/ calendar year for both ears

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>		PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

20%	40%	20%	40%	10%	40%	10%	40%	Up to 20 visits/ calendar year for combined chiropractic, physical, and occupational therapy	Up to \$700 total chiropractic, physical, and occupational therapy combined
← (combined benefit for acupuncture/ chiropractic; 15 visits/calendar year) →				← (combined benefit for acupuncture/chiropractic; 20 visits/calendar year) →					

20%	40%	20%	40%	10%	40%	20% (other than for mental disorders and chemical dependency)	10%
-----	-----	-----	-----	-----	-----	--	-----

20%	20%	20%	20%	20%
-----	-----	-----	-----	-----

20%	40%	20%	40%	10%	40%	10%	40%	20% (no deductible; up to \$50 if in conjunction with purchase of hearing aid)
20%	40%	20%	40%	10%	40%	10%	40%	20% (no deductible; up to one/ear; \$450 max/36 months)
← (\$1,000 max in a 36-month period) →				← (\$1,000 max every 36 months) →				


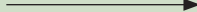
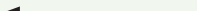
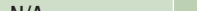













- <sup>1</sup> PERS Select utilizes the Anthem Blue Cross Select PPO Network, which is a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Approximately 50 percent of the Anthem Blue Cross Prudent Buyer PPO Network of physicians participate in the Select PPO Network. By obtaining physician services through the Select PPO Network, you will receive the highest level of reimbursement. If you are a PERS Select member, you should check to see if a physician is participating in the Select PPO Network before receiving services.
- <sup>2</sup> PERS Choice and PERSCare utilize the Anthem Blue Cross Prudent Buyer PPO Network, which is a more comprehensive network. By obtaining services through Anthem Blue Cross Prudent Buyer PPO Network, you will receive the highest level of reimbursement.
- <sup>3</sup> Covered expense for services from non-PPO providers is based on a strictly limited schedule of allowances. As a PPO member, you must pay charges in excess of those scheduled amounts.
- <sup>4</sup> See EOC for maintenance drug costs after third refill.



# CalPERS Medicare Health Plans











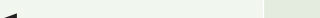
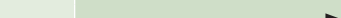




## Benefit Comparison Charts

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA Association Plan
<b>Calendar Year Deductible</b>				
Individual	←	N/A	→	→
Family	←	N/A	→	→
<b>Maximum Calendar Year Co-pay (excluding pharmacy)</b>				
Individual	\$1,500 (see EOC)	← N/A →	→	\$1,500
Family	\$3,000 (see EOC)	← N/A →	→	\$4,500 (3 or more members)
<b>Lifetime Maximum Benefit</b>				
	←	N/A	→	→
<b>Hospital Admission Deductible</b>				
Per Admission	←	N/A	→	→
<b>Hospital</b>				
Inpatient	←	No Charge	→	\$100/admission
Outpatient Facility Services	\$10	←	No Charge	→
Outpatient Surgery	\$10	←	No Charge	→
<b>Emergency Room Deductible</b>				
	←	N/A	→	→
<b>Emergency Services</b>				
	←	\$50 (waived if hospitalized or kept for observation)	→	No Charge

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
		N/A (plan pays Medicare Parts A and B deductible)				\$100 (applicable to major medical benefits only)	\$100 (applicable to major medical benefits only)
						\$200 (applicable to major medical benefits only)	\$200 (applicable to major medical benefits only)
N/A		N/A		N/A (\$3,000 when not a benefit of Medicare)		N/A (\$3,000 when not a benefit of Medicare)	\$15,000 calendar year stop-loss (applicable to major medical benefits only, excluding outpatient prescription drug benefits)
				N/A			
				N/A			
				N/A			
No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3,4</sup> (20% when not a benefit of Medicare)		No Charge	No Charge (after Medicare benefits are exhausted, plan pays for an additional 365 days/benefit period)
							No Charge (20% when not a benefit of Medicare)
				N/A			
	No Charge <sup>3</sup>					No Charge if Medicare approved (20% if not Medicare approved)	No Charge

Note: All footnotes are located at the end of chart.







	Medicare HMO Plans			
Benefits	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA <i>Association Plan</i>
Ambulance Services	No Charge			
Hearing Exam/Screening	\$10	No Charge		No Charge
Surgery/Anesthesia	No Charge for inpatient; \$10 for outpatient	No Charge		
Diagnostic X-Ray/Lab	No Charge			
Durable Medical Equipment	No Charge			
Physician Services				
Office Visits	\$10	No Charge		
Inpatient Hospital Visits	No Charge			
Outpatient Hospital Visits	\$10	No Charge		
Urgent Care Visits	\$10	\$25	No Charge	
Periodic Health Exam/ Preventive Care	\$10	No Charge		No Charge
Annual Gynecological Exam	\$10	No Charge		No Charge
Immunization/Inoculation	No Charge			
Allergy Testing	\$10	No Charge		No Charge
Allergy Treatment	\$3 (for allergy injections)	\$10	No Charge	
Vision Exam/Screening	\$10	No Charge		No Charge

Medicare PPO Plans								
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO			
		No Charge <sup>3</sup>				No Charge if Medicare approved (20% if not Medicare approved)	No Charge	
		No Charge <sup>3,4</sup>				No Charge if Medicare approved	20% (\$50 exam in connection with hearing aid purchase)	
		No Charge <sup>3</sup>				No Charge	No Charge	
		No Charge <sup>3</sup>				No Charge	No Charge	
		No Charge <sup>3</sup>				No Charge	No Charge (20% when not a benefit of Medicare)	
		No Charge <sup>3</sup>				\$10	No Charge	
						No Charge	No Charge	
						No Charge	No Charge	
						No Charge	No Charge	
						Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)	
						No Charge	No Charge	
No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3,4</sup>		No Charge	No Charge	
		No Charge <sup>3</sup>				No Charge	No Charge	
		No Charge <sup>3</sup>				No Charge	No Charge	
		One exam/year up to a max of \$35 <sup>4</sup>				Not Covered	20% (one exam/calendar year)	

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA Association Plan
<b>Prescription Drugs</b>				
Deductible	← N/A →			
Retail Pharmacy	Generic: \$5 Brand: \$15 (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply) <sup>5</sup>	See EOC	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$40 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Retail Pharmacy Maintenance Medications filled after 2 <sup>nd</sup> fill (i.e., a medication taken longer than 60 days)	N/A	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 30-day supply) <sup>5</sup>	See EOC	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$70 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Mail Order Pharmacy Program	Generic: \$5 Brand: \$15 (up to 30-day supply)  Generic: \$10 Brand: \$30 (31–100 day supply)	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply)	See EOC	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$70 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$70 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Maximum co-payment per person/calendar year	N/A	\$1,000 (excluding non- preferred brands)	N/A	N/A

Medicare PPO Plans						
PERS Select		PERS Choice		PERSCare		CAHP Association Plan
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
		N/A				\$50 (excluding mail order)
		Generic: \$5 Preferred: \$15 Non-Preferred: \$45				Generic: \$5 Single Source: \$20 Multi Source: \$25
						Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45
		\$40				N/A
						N/A
		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)				Generic: \$10 Single Source: \$40 Multi Source: \$50
						N/A
		\$70				N/A
						N/A
		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)				Generic: \$10 Single Source: \$40 Multi Source: \$50
						Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75
		\$70				N/A
						N/A
		\$1,000 (excluding non-preferred brands)				N/A
						N/A

	Medicare HMO Plans			
Benefits	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA <i>Association Plan</i>
Mental Health				
Inpatient	No Charge (190 lifetime days covered by Medicare; 45 additional days/ calendar year covered after exhaustion of lifetime days)	No Charge		\$100/admission
Outpatient (for severe mental illness of a child or adult or emotional disturbance of a child)	\$10 individual therapy; \$5 group therapy	\$10		
Outpatient (evaluation, crisis intervention and treatment for other mental health conditions)	\$10 individual therapy; \$5 group therapy	\$10		
Substance Abuse Treatment				
Inpatient	No Charge (limited to acute medical detoxification only)	No Charge		Not Covered
Outpatient	\$10 individual therapy; \$5 group therapy	\$10		
Home Health Services				
	No Charge			\$15 (up to 100 visits/ calendar year)
Skilled Nursing Facility Care				
	No Charge (up to 100 days/benefit period)			
Speech Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	






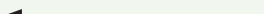
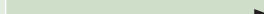




Medicare PPO Plans								
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO			
No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3,4</sup> (if not a benefit of Medicare, 20% of the physician visit up to \$32/day)		No Charge if Medicare approved (up to \$40/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare; up to \$40/inpatient physician visit)	
No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3,4</sup>		No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare)	
Excess Charges <sup>3</sup> (Medicare pays 50% of the approved amount for most services)		Excess Charges <sup>3</sup> (Medicare pays 50% of the approved amount for most services)		Excess Charges <sup>3,4</sup> (Medicare pays 50% of the approved amount for most services; if not a benefit of Medicare, 20%/day up to \$32/day)		No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (50% when not a benefit of Medicare; up to \$20/day)	
		No Charge <sup>3</sup>				Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)	
 (Medicare pays 50% of treatment that meets certain conditions)		Excess Charges <sup>3</sup>				Not Covered (unless Medicare approved)	Not Covered (unless Medicare approved)	
		No Charge <sup>3</sup>				No Charge if Medicare approved (20% if not Medicare approved)	No Charge	
No Charge <sup>3</sup> (up to 100 days/benefit period in a Medicare approved facility)		No Charge <sup>3</sup> (up to 100 days/benefit period in a Medicare approved facility)		No Charge <sup>3</sup> (up to 100 days/benefit period in a Medicare approved facility) 20% <sup>4</sup> (from 101 to 365 days; pre-certification required)		No Charge (20% after Medicare benefits are exhausted)	No Charge (after Medicare benefits are exhausted, plan pays days 101 through 365)	
No Charge <sup>3</sup>		No Charge <sup>3</sup>		No Charge <sup>3,4</sup> (20% when not a benefit of Medicare, up to a lifetime max plan payment of \$5,000)		No Charge if Medicare approved (20% if not Medicare approved; \$5,000 lifetime max)	No Charge (20% when not a benefit of Medicare; up to \$5,000 in an individual's lifetime for all inpatient and outpatient combined)	



	Medicare HMO Plans			
Benefits	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA <i>Association Plan</i>
Physical Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	
Occupational Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	
Hospice				
	<div>← No Charge →</div>			
Acupuncture				
	\$10 (when medically necessary; discounts available up to 25% off)	<div>← Not Covered →</div>		
Chiropractic				
	\$10 (20 visits/calendar year); discounts available up to 25% off <b>No Charge</b> for chiropractic appliances (up to \$50 max/ calendar year)	\$10		\$15/exam (up to 20 visits/ calendar year) <b>No Charge</b> for diagnostic services; <b>No Charge</b> for chiropractic appliances (up to \$50 max is covered during calendar year)
Biofeedback				
	\$10	No Charge	Not Covered	\$15
Blood & Blood Products				
	<div>← No Charge →</div>			

Medicare PPO Plans						
PERS Select		PERS Choice		PERSCare		CAHP Association Plan
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
No Charge <sup>3</sup>	No Charge <sup>3</sup>	No Charge <sup>3,4</sup> (20% when not a benefit of Medicare)	No Charge <sup>3,4</sup> (20% if not Medicare approved)	No Charge	No Charge	No Charge
No Charge <sup>3</sup>	No Charge <sup>3</sup>	No Charge <sup>3,4</sup>	No Charge <sup>3,4</sup> (20% if not Medicare approved)	No Charge	No Charge	No Charge
←	No Charge <sup>3</sup>	→	No Charge <sup>3,4</sup> (20% if not Medicare approved; \$7,500 lifetime max)	No Charge	No Charge	No Charge
Not Covered	Not Covered	20% <sup>4</sup> (up to 20 visits/year)	No Charge <sup>3,4</sup> (20% if not Medicare approved)	No Charge	No Charge	20% (major medical benefits)
←	No Charge <sup>3</sup>	→	No Charge <sup>3,4</sup> (20% if not Medicare approved)	No Charge	No Charge	No Charge (20% when not a benefit of Medicare)
←	No Charge <sup>3</sup>	→	No Charge <sup>3,4</sup> (20% if not Medicare approved)	No Charge	No Charge	50% major medical benefits (up to \$40/day inpatient and \$20/day outpatient)
No Charge <sup>3</sup> (all but first 3 pints/ calendar year)	No Charge <sup>3</sup> (all but first 3 pints/ calendar year)	No Charge <sup>3,4</sup> (20% of the first 3 pints when not a benefit of Medicare and unreplaced)	No Charge <sup>3,4</sup> (first 3 units unreplaced; 20% when not a benefit of Medicare)	No Charge	No Charge	No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO <sup>1</sup>	Blue Shield 65 Plus <sup>2</sup>	CCPOA Association Plan
<b>Diabetes Services</b>				
Glucose monitors, test strips, lancets	← <b>No Charge</b> → (see EOC for covered equipment/services)		<b>No Charge</b>	<b>No Charge</b> (see EOC for covered equipment/services)
Self-management training	\$10 individual training; <b>No Charge</b> for group training	\$10 (diabetic education to include nutritional counseling)	← <b>\$10</b> →	
<b>Hearing Aid Services</b>				
Audiological Exam	\$10	← <b>No Charge</b> →		\$15
Hearing Aids	←	\$1,000 allowance every 36 months for both ears	→	\$500 max/member/calendar year for both ears
<b>Vision Care</b>				
Vision Exam	\$10	<b>No Charge</b> (limited to one visit/calendar year for members age 18 and over; no limit on members under age 18)	<b>No Charge</b> (limited to one visit/calendar year as covered by Medicare)	See EOC
Eyeglasses	\$175 allowance every 24 month; <b>No Charge</b> following cataract surgery	Not Covered (except for eyeglasses necessary after cataract surgery)	As covered by Medicare	Not Covered (except for eyeglasses necessary after cataract surgery)
Contact Lenses	In lieu of eyeglasses: \$175 allowance every 24 months; <b>No Charge</b> following cataract surgery	Not Covered	As covered by Medicare	Not Covered

Medicare PPO Plans								
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO			
		<b>No Charge<sup>3</sup></b> (includes diabetes self management, training, glucose monitors, test strips, lancets, etc.)				<b>No Charge</b> if Medicare approved	<b>No Charge</b> (20% when not a benefit of Medicare)	
		20% <sup>4</sup>				10% if not Medicare approved (\$200 maximum/36 months)	20% (up to \$50/exam in connection with hearing aid purchase)	
		20% <sup>4</sup> (max payment of \$1,000 once every 36 months)		20% <sup>4</sup> (max payment of \$2,000 once every 24 months)		10% if not Medicare approved (\$1,000 maximum/36 months)	20% (one/ear every 36 months up to \$450/hearing aid)	
		One exam/calendar year <sup>4</sup> (\$35 max allowance)				Not Covered	20% for one exam/year	
		Two lenses/calendar year; one set of frames during a 24-month period <sup>4</sup> <b>Maximum Allowance:</b> Frames: \$30 Each lens: Single Vision - \$20; Bifocal - \$35; Trifocal - \$45; Lenticular - \$50				Not Covered (except for first pair of eyeglasses necessary after cataract surgery)	20% (\$40 combined max for initial frames and lenses)	
		\$100 max allowance <sup>4</sup>				Not Covered	20% (up to \$40/year)	

<sup>1</sup> Plans combined for display purposes only.

<sup>2</sup> This is the Medicare Advantage plan for Blue Shield NetValue and Access+ in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.

<sup>3</sup> If benefits are payable by Medicare and you use a provider who accepts Medicare assignment, covered services will be paid in full.

<sup>4</sup> This is a benefit beyond Medicare. Refer to your *Evidence of Coverage* (EOC) booklet for explanation.

<sup>5</sup> See EOC for maintenance drug costs after third refill.



# Health Plan Choice Worksheet

Plan name and phone numbers:									
Select the type of plan: (circle choice)		PPO	HMO	EPO	Assoc. Plan <sup>1</sup>	PPO	HMO	EPO	Assoc. Plan <sup>1</sup>
Step 1 - Cost	<b>Calculate your monthly cost.</b> Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.								
	<b>Enter your employer's contribution.</b> For contribution amounts, active members should contact their employer; retired members should contact CalPERS.								
	<b>Calculate your cost.</b> Subtract your employer's contribution from the monthly premium. If the total is \$0 or less, your cost is \$0.								
Step 2 - Availability	<b>Call the plan's customer service center</b> and ask if the plan is available in your residential or work ZIP Code. You may also use our online service, the <i>Health Plan Search by ZIP Code</i> , available at <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> .								
	<b>Call the doctor's office.</b> Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
Step 3 - Comparisons	<b>How did the plan rate in "satisfaction"?</b> See page 11 to find out.								
	<b>Compare the "benefits."</b> See pages 14–39. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
Step 4 - Other	<b>Other considerations:</b> Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
	<b>What changes are you planning in the upcoming year</b> (e.g., retirement, transfer, move, etc.)?								
	<b>Other information</b>								
<b>Compare and select a plan.</b>									

<sup>1</sup> You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.



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